“Essentials for Data Quality”

Data Quality Management Control Program
TRICARE Data Quality Course

May 2011

Course Topics

- Ambulatory Data Module (ADM)
  - A Sub-System of CHCS
- Visit Workload vs Encounter Services
- ADM and AHTLA Processes
- Coding Table Update Coordination
- Data Flows, Compliance and Errors! Oh My!
- “Tune-Up” Your Data !! And Performance

First There Was …

The "Bubble" Sheet…

DO NOT WRITE IN THIS SPACE

DO NOT USE PENS THAT HAVE "BLEED THROUGH" INK

ICD Code #1 | ICD Code #2 | ICD Code #3

Diagnosis: Description

Diagnosis: Description

Diagnosis: Description

DIAGNOSES

OTHER PROCEDURES/EVALUATION & MGMT

CPT Code #1 | CPT Code #2 | CPT Code #3

Procedure: Description

Procedure: Description

Procedure: Description

PROCEDURES

NEW PRIMARY PROVIDER

PROVIDER NUMBER

INSURANCE INFORMATION

Do You Have HEALTH INSURANCE Other Than MEDICARE Or CHAMPUS? Yes No

Has Any Information Changed Since Your Last Visit? (If Yes, Please Make Changes) Yes No

Insurance Company Name: Phone No.:

Insurance Company Address:

Insurance ID No.: Group Name: Group No.:

Subscriber's Name: Patient's Relationship to Subscriber:

ADDITIONAL PROVIDER

PROVIDER NUMBER PROVIDER ROLE

Assisting Provider
Supervising Provider
Nurse
Para-Professional

ADDRESS CHANGES/CORRECTIONS

Name: SSN:

Address:

City:

State: Zip:

Patient Cat.: Other:

Home Phone No.: ( )

Work Phone No.: ( )

Sponsors Work Phone No.: ( )

ADDITIONAL PROVIDER

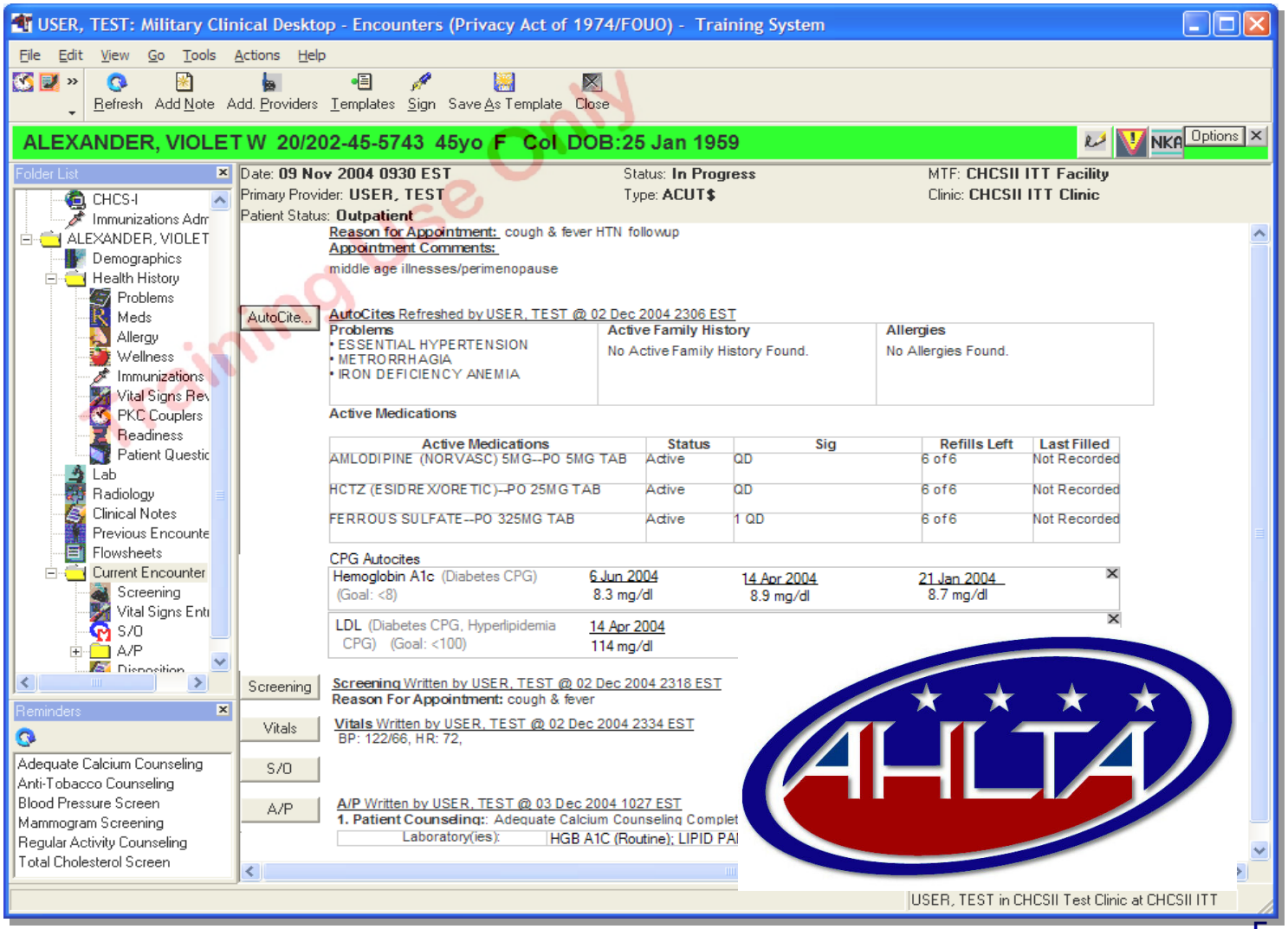
PROVIDER NUMBER PROVIDER ROLE

Assisting Provider
Supervising Provider
Nurse
Para-Professional

FOR OFFICIAL USE ONLY

FMP | SPONSOR SOCIAL SECURITY NUMBER | TIME | DATE MO. DAY YR.

And Now…


USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Refresh Add Note Add. Providers Templates Sign Save As Template Close
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1959
Options
Folder List
CHCS-I
Immunizations Adm
ALEXANDER, VIOLET
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Rev
PKC Couplers
Readiness
Patient Questic
Lab
Radiology
Clinical Notes
Previous Encounte
Flowsheets
Current Encounter
Screening
Vital Signs Entr
S/O
A/P
Reminders
Adequate Calcium Counseling
Anti-Tobacco Counseling
Blood Pressure Screen
Mammogram Screening
Regular Activity Counseling
Total Cholesterol Screen
Date: 09 Nov 2004 0930 EST
Status: In Progress
MTF: CHCSII ITT Facility
Primary Provider: USER, TEST
Type: ACUT$
Clinic: CHCSII ITT Clinic
Patient Status: Outpatient
Reason for Appointment: cough & fever HTN followup
Appointment Comments:
middle age illnesses/perimenopause
AutoCite...
AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST
Problems
• ESSENTIAL HYPERTENSION
• METRORRHAGIA
• IRON DEFICIENCY ANEMIA
Active Family History
No Active Family History Found.
Allergies
No Allergies Found.
Active Medications
Active Medications | Status | Sig | Refills Left | Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB | Active | QD | 6 of 6 | Not Recorded
HCTZ (ESIDREX/ORETIC)--PO 25MG TAB | Active | QD | 6 of 6 | Not Recorded
FERROUS SULFATE--PO 325MG TAB | Active | 1 QD | 6 of 6 | Not Recorded
CPG Autocites
Hemoglobin A1c (Diabetes CPG) (Goal: <8) | 6 Jun 2004 8.3 mg/dl | 14 Apr 2004 8.9 mg/dl | 21 Jan 2004 8.7 mg/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100) | 14 Apr 2004 114 mg/dl
Screening
Screening Written by USER, TEST @ 02 Dec 2004 2318 EST
Reason For Appointment: cough & fever
Vitals
Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST
BP: 122/66, HR: 72,
S/O
A/P
A/P Written by USER, TEST @ 03 Dec 2004 1027 EST
1. Patient Counseling:: Adequate Calcium Counseling Complet
Laboratory(ies): HGB A1C (Routine); LIPID PA
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Training Use Only
AHLTA

Objectives

- Recognize the increasing pressure to analyze and to utilize various data sources to measure health care related services, quality, costs, performance and outcomes.
- Focus on the practical skills needed to "Transform Data Into Action", utilizing clinical data from CHCS ADM (or M2)
- Outline business rules and analysis techniques that can be applied to the data to identify the consistency of underlying clinical processes, performance trends and various data capture/quality issues.

Capturing Clinical Services

Capacity Performance

Appointments
RVU

- Frozen
- Open
- Booked
- Pending

Workload

Visits

- Kept
- Walk-In/Sick-Call
- T-CONS
- LWOBS
- No-Show
- Cancelled (Patient)
- Cancelled (MTF)
- Cancelled (TOL)
- Occ-Svc
- Admin

Services

Encounters

- Open (Not Coded)
- Complete
  - Diagnosis
  - Procedures/Services
  - Documentation
- Quality of Services
- Population Health
- Standard of Care
- Outcomes
- Practice Profiles
- Research

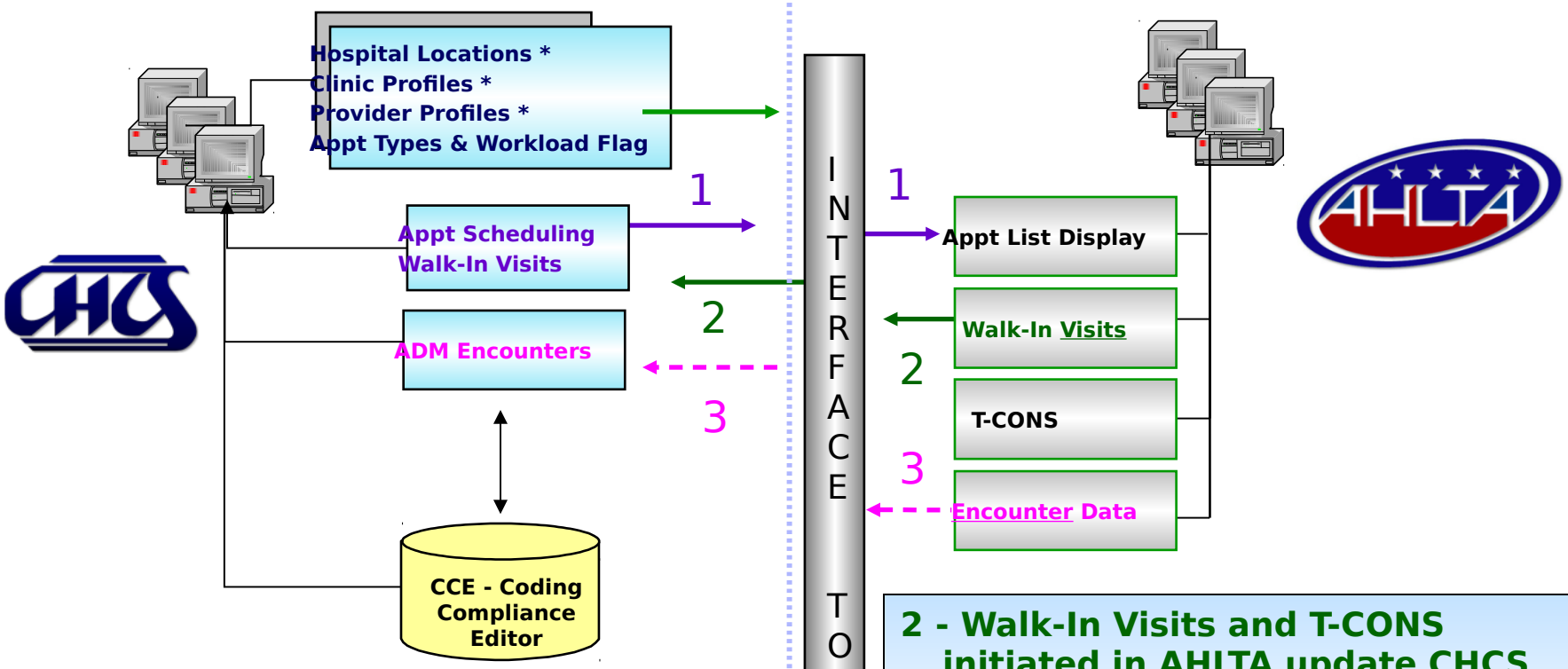
- Simple Relative Value Units (RVU)
- Enhanced RVU
  - Enhanced Work RVU
  - Enhanced Practice Expense RVU
- Average RVU/Encounter
- RVU/Provider FTE/Day

Focus Shifting from "Counting Visits" to <u>Measuring Work/Services Provided</u>

Visits vs Encounters

- **An "ENCOUNTER" captures services provided:**
  - Reason for seeking care
  - Where the services were provided
  - Level of Medical Decision Making/Complexity
  - Clinical services provided
  - Identifies Staff (By Name) providing the services
    - Provider Seen
    - Clinical Service
    - Provider Medical Specialty/HIPAA Taxonomy
  - Both COUNT and NON-COUNT Visits are Encounters
- **DQMCRL Statement C. 9. a):**
  - - # SADR (count only)* encounters / # WWR visits

Visit/Encounter Data Flow



* - CHCS Files and Tables shared with AHTLA to capture Visit Workload and Encounter Services

1 - Scheduled Appointments and Walk-Ins sent to AHLTA

2 - Walk-In Visits and T-CONS initiated in AHLTA update CHCS Patient Appointment (PAS) for Visit Workload reporting

3 - Encounters completed in AHLTA update CHCS ADM

4 - Completed encounters sent to CCE for Audit Review/Update -> Billing Release

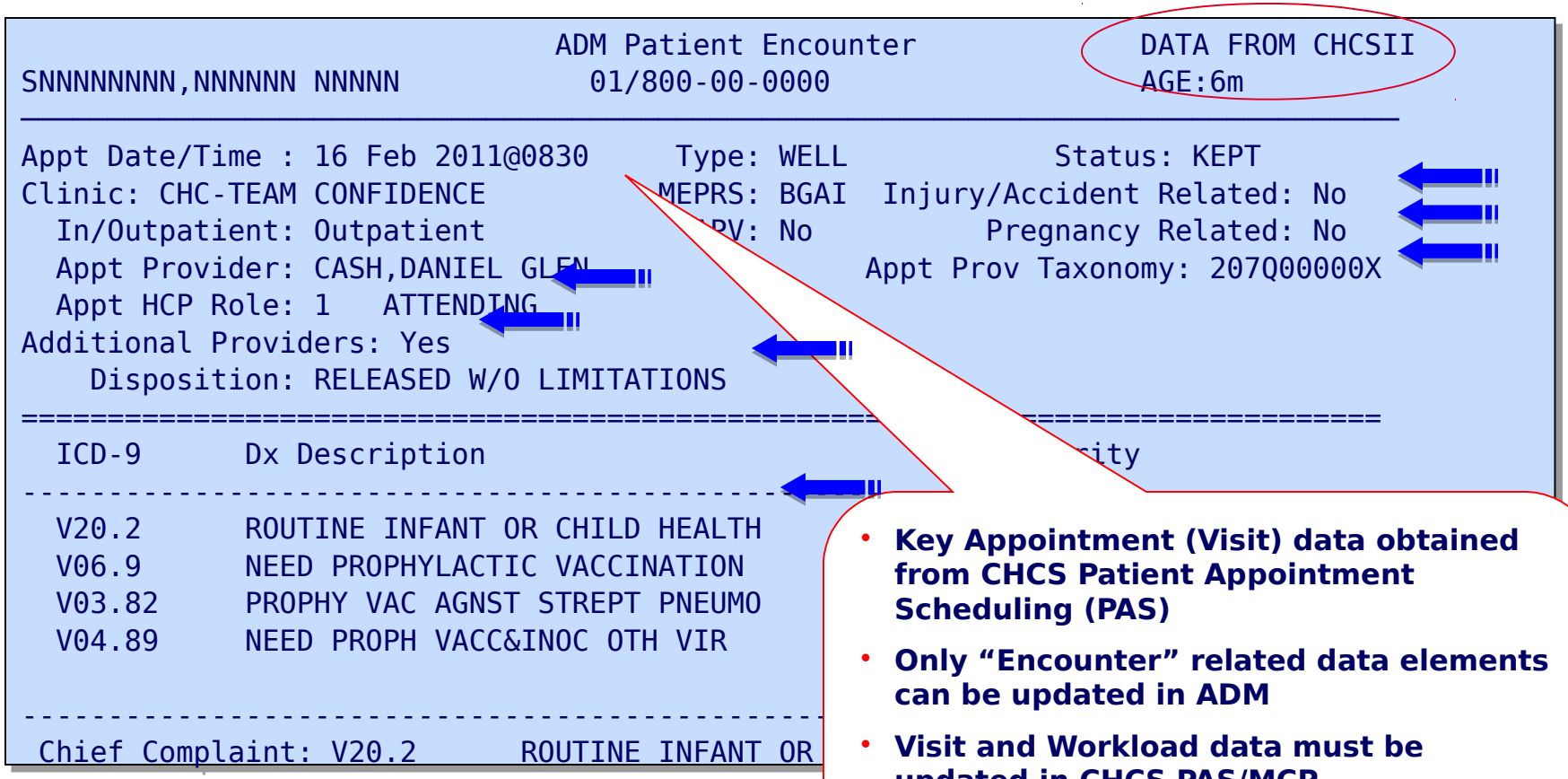
Encounter Data Elements

- **ICD-9-CM Coding – Why the Patient was seen?**
  - Chief Compliant and Diagnoses
- **CPT Coding – What was done to address the patient problem?**
  - Physician/Provider Services/Procedures that supports capture of RVU
  - Modifiers (explain additional details about the Service or Procedure)
  - Units of Service
- **HCPCS Coding - What additional services/supplies were provided?**
- **Evaluation & Management Coding (CPT Coding):**
  - Setting
    - Office, Inpatient Professional Services (IPSR), Emergency Preventive Service, Inpatient/Outpatient Consults, etc.
  - Level of Services
    - Complexity (Minimal, Low, Moderate, or High)
  - Age Band
    - Preventive Services/Wellness

Additional Details

- **HIPAA standard data elements:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
  - HIPAA Provider Taxonomy
- **Secondary Providers:**
  - Assisting, Supervising, Nursing, Para-Professional, etc.
- **Additional E&M Codes (up to 2 Additional E&M Codes)***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)***
- **CPT Code Modifiers (up to 3 – per CPT Code)***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - V70.5 4 PRE-DEPLOYMENT EXAMINATION
  - V70.5 5 DURING DEPLOYMENT EXAMINATION
  - V70.5 6 POST-DEPLOYMENT EXAMINATION
  - V70.5 D PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
  - V70.5 E INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
  - V70.5 F POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900
  - V70.5 G GWOT/WOUNDED WAR EXAM
- **Encounter Disposition (Inpatient Services and Ambulatory Disposition Types)**

Encounter Data Capture



- **Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)**
- **Only “Encounter” related data elements can be updated in ADM**
- **Visit and Workload data must be updated in CHCS PAS/MCP**
- **ADM displays CHCS II (AHLTA) as the source of the Encounter Coding**
- **Changes made in ADM do not update AHTLA**

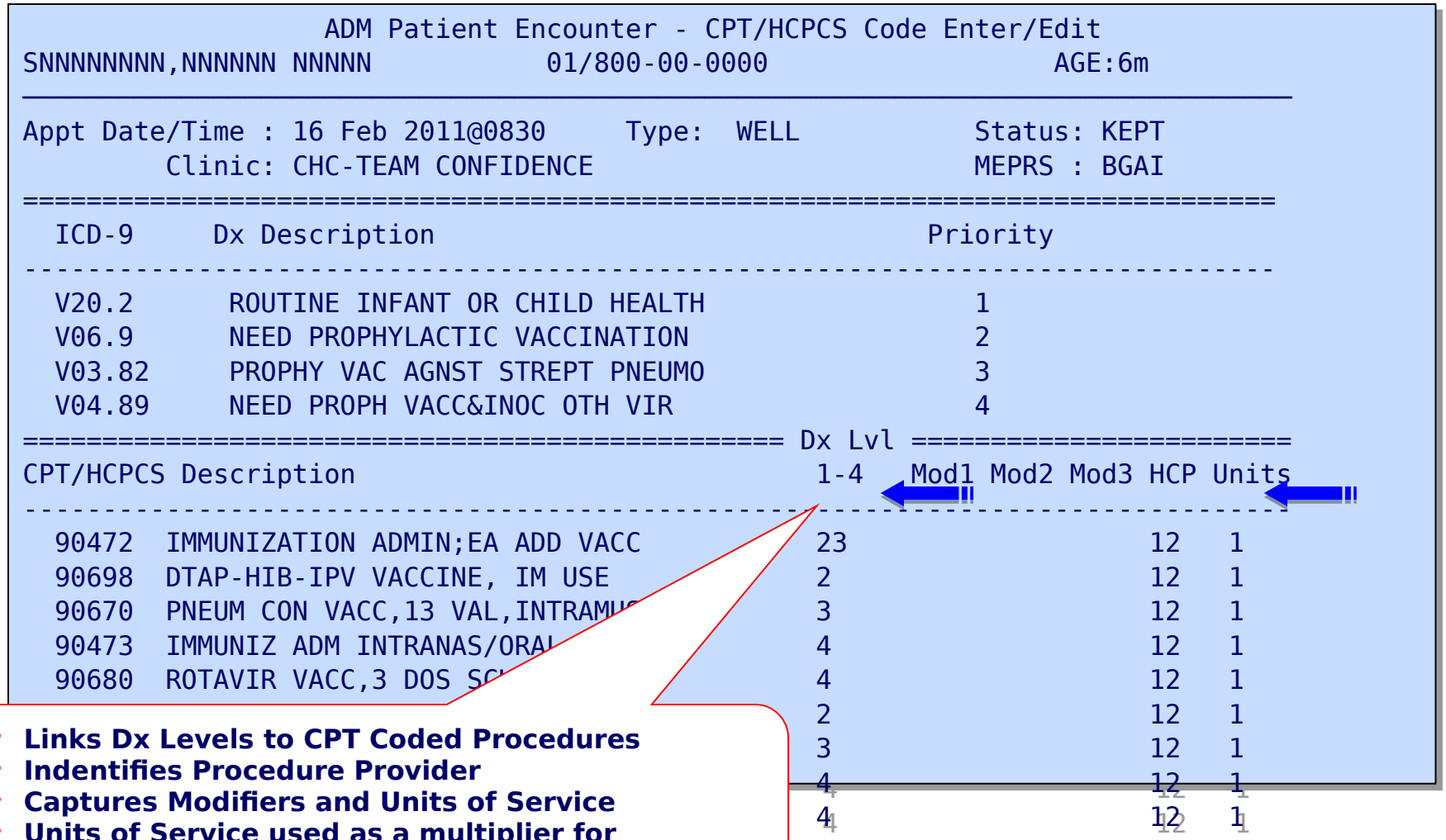
Additional Providers

```
                    ADM Patient Encounter - Additional Providers
SNNNNNNNN,NNNNNN NNNNN          01/800-00-0000                  AGE:6m
_____________________________________________________________________________

Appt Date/Time : 16 Feb 2011@0830     Type:  WELL           Status: KEPT
         Clinic: CHC-TEAM CONFIDENCE                        MEPRS : BGAI
=============================================================================

Additional Providers              Order Role                    Taxonomy Code
-----------------------------------------------------------------------------
  CASH,DANIEL GLEN                 1    1   ATTENDING           207Q00000X
  GIORDANO,ANGELA M                2    4   NURSE               163W00000X
```

Additional Coding Details



```
                    ADM Patient Encounter - CPT/HCPCS Code Enter/Edit
SNNNNNNNN,NNNNNN NNNNN           01/800-00-0000                  AGE:6m
____________________________________________________________________________________

Appt Date/Time : 16 Feb 2011@0830     Type:  WELL           Status: KEPT
         Clinic: CHC-TEAM CONFIDENCE                        MEPRS : BGAI
=================================================================================
  ICD-9     Dx Description                                  Priority
---------------------------------------------------------------------------------
  V20.2      ROUTINE INFANT OR CHILD HEALTH                   1
  V06.9      NEED PROPHYLACTIC VACCINATION                    2
  V03.82     PROPHY VAC AGNST STREPT PNEUMO                   3
  V04.89     NEED PROPH VACC&INOC OTH VIR                     4
=================================================== Dx Lvl ========================
CPT/HCPCS Description                                1-4   Mod1 Mod2 Mod3 HCP Units
---------------------------------------------------------------------------------
  90472  IMMUNIZATION ADMIN;EA ADD VACC              23                    12   1
  90698  DTAP-HIB-IPV VACCINE, IM USE                2                     12   1
  90670  PNEUM CON VACC,13 VAL,INTRAMU               3                     12   1
  90473  IMMUNIZ ADM INTRANAS/ORAL                   4                     12   1
  90680  ROTAVIR VACC,3 DOS SC                       4                     12   1
                                                     2                     12   1
                                                     3                     12   1
                                                     4                     12   1
                                                     4                     12   1
```

- **Links Dx Levels to CPT Coded Procedures**
- **Indentifies Procedure Provider**
- **Captures Modifiers and Units of Service**
- **Units of Service used as a multiplier for Enhanced RVU (Work and Practice Expense)calculations and Billing**

Encounter Data Flow

- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services based on:**
  - Clinical Encounter data entered directly into ADM
  - "Written Back" from Signed (Completed) AHLTA Encounter Notes
    - ADM can be used to update Encounter Coding – BUT!!! ADM does not update AHLTA
  - Updated from the Coding Compliance Editor (CCE)
    - CCE can be used to update Encounter Coding, but CCE does not update AHLTA
- **Prepares daily batch ASCII (Text) data extract files:**
  - Standard Ambulatory Data Record (SADR)
  - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the "SADR Re-Design" or Expanded SADR Extract
  - FY12 will fully transition to the CAPER
  - Coding Compliance Editor (CCE) Extract
  - Billing data extracts for:
    - Medical Services Accounting (MSA)
    - Third Party Outpatient Collections System (TPOCS)

Encounter Data Extracts

DATA ELEMENT	SADR	CAPER	BILLING
HIPAA standard data elements:			
Injury Related Cause Codes	**No**	**Yes**	**Yes**
Geographic Location of Injury (Motor Vehicle Accidents)	**No**	**Yes**	**Yes**
Pregnancy Related (and associated elements)	**No**	**No**	**Yes**
HIPAA Provider Taxonomy	**Yes**	**Yes**	**Yes**
ICD-9 Diagnosis Code (1-4)	**Yes**	**Yes**	**Yes**
ICD-9 Diagnosis Code (5-10)	**No**	**Yes**	**Yes**
Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)	**Yes**	**Yes**	**Yes**
CPT/HCPCS Codes 1-4	**Yes**	**Yes**	**Yes**
CPT /HCPCS Codes 5+	**No**	**Yes**	**Yes**
CPT/HCPCS Code Units of Service (per CPT Code)	**No**	**Yes**	**Yes**
CPT/HCPCS Code Modifiers (up to 3 – per CPT Code)	**No**	**Yes**	**Yes**
E&M (CPT) Code	**Yes**	**Yes**	**Yes**
Additional E&M Codes (up to 2 Additional E&M Codes)	**No**	**Yes**	**Yes**
Additional Secondary Providers	**Yes**	**Yes**	
Workload Flag (COUNT or NON-COUNT)	**No**	**Yes**	**N/A**
Source System Indicator (ADM or CHCS II)	**Yes**	**Yes**	**N/A**

Data Extract Processing

- **The SADR/CAPER is a daily batch extract ASCII (Text) File for each MTF DMIS ID that contains patient level data for:**
  - Ambulatory Clinic Encounters
  - Ambulatory Procedure Visits (APV) Encounters
  - Inpatient Consults (Not associated with the Attending Clinical Service)
  - Inpatient Attending Provider Professional Services (IPSR-RNDS*)
- **The SADR Nightly Process is scheduled in CHCS to run at ~2030 – 2130 each night:**
  - Includes ADM & AHLTA completed encounters
  - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services (that met the 3 Day Billing "Hold") and CCE Review/Release to Billing, are sent by CHCS to:**
  - CHCS Medical Services Accounting (MSA)

SADR/CAPER Transmission

Divisions Producing SADR and TPOCS Data Extracts

Division	TPOCS	DMIS ID	Group DMIS ID
WOMACK AMC FT BRAGG NC	Yes	0089	0089
POPE HEALTH CLINIC	Yes	0634	0089
ROBINSON HEALTH CLINIC	Yes	7143	0089
USAOHC FT. BRAGG	Yes	0570	0089
OCC HLTH NSG, SUNNY POINT	Yes	0576	0089
FT BRAGG MCSC CONTRACTOR PCM	Yes	8009	6902
JOEL AHC - FT. BRAGG	Yes	7286	0089
CLARK HEALTH CLINIC	Yes	7294	0089

ICD-9 Download Year: 2010
CPT-4 Download Year: 2010

- The ADM System Manager Menu controls which MTF Divisions and Clinic Locations on the CHCS Host Platform will produce a SADR Extract File
- When a new DMIS (Division) is added, the SADR Extract status must also be set
- The SADR Nightly Task will create a SADR Extract File for each DMIS (Division) listed

Coding Compliance

- **Timeliness is a key element of Data Quality**

DQMCRL B. 6. a)

a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?

b) What percentage of APVs have been coded within 15 calendar days of the encounter?

- **Ambulatory Encounter Compliance is based Business Days elapsed from the Date of the Encounter, until the record is Complete**
- **APV Compliance is based on Calendar Days**
- **AHLTA/ADM "Write-Back" errors have impacted Coding Compliance measures – Most issues now resolved**
  - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when there are issues with the Local Cache Server Synch Manager or Providers continue to use obsolete ICD-9 and CPT Codes

ADM Reports Menu

- **From your CHCS Main Menu:**
  - Type “ADS” to access the Ambulatory Data Module (ADM)
  - ADM is a Secondary Menu Option
  - CHCS Secondary Menus allow access across CHCS Sub-Systems

```
STYL   User Prompt Style
   1       Appointments with No ADM Records by Clinic
   2       ADM Patients with 3rd Party Insurance
   3       ADM Compliance Report
   4       ADM Records with Unresolved Coding Issues
   5       Interface Transmission Status of ADM Record
   6       Encounter Summary Report by Clinic/Provider
   7       For Clinic Use Only Report
   8       Encounter Specific Code Report by Clinic/Provider
   9       Top Number Encounter Report
   10      Appointment/Encounter Count Report
   11      Patient Encounter Records Report
```

- **Reports status Encounter Coding Completion By Provider and Clinic**
- **Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times that may impact Coding Completion/Compliance**

Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// O
Select DMIS ID: 0089  0089        WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
        or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jan 2010//   (Jan 2010)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JAN10
```

- **Choose One, Multiple or All DMIS**
- **Choose “No” to Summarize by Provider for Summary Report**
- **Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL**
- **Enter Q to Queue the Report Task**
- **Enter SPOOL to save the report to a Text File in CHCS (Capture and/or Print)**

Capture Text->Import Excel

20 Apr 2010@0854 For Official Use Only Page 1
Ambulatory Data Module

ADM Compliance Report by Clinic
From: Mar 2010 Thru: Mar 2010

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
0089 BABA ALLERGY	789	767	22	97
0089 BCBA ANTE-PARTUM IN L&D	968	957	11	99
0089 BCB5 APU OB/GYN	86	86	0	100
5450 BAGM APV-GASTRO MOORE REG	1	0	1	0
0089 BFFA ASAP-82ND	470	464	6	99
0089 BFFA ASAP-CLARK	421	421	0	100
0089 BFFA ASAP-JOEL	602	602	0	100
0089 BHDA AUDIOLOGY	146	146	0	100
7286 BHDN AUDIOLOGY-JOEL CLINIC	23	23	0	100
0089 BBAA BARIATRIC SURGERY	218	218	0	100
0089 BFBA BIOFEEDBACK	65	63	2	97
0089 BBAA BREAST HEALTH CLINIC	183	182	1	99
0089 BACA CARDIOLOGY	649	631	18	97
0089 BAC5 CARDIOLOGY APV	7	7	0	100

- Report Run Monthly by ADM System Administrator and Clinical Data Services
- Imported into Excel and matched with M2 encounters

Daily Compliance Reporting

Subject: ADM Compliance Reports for 14 & 15 Feb 11 (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: FOUO

1. ADM compliance rate for 14 Feb: 96.53% with 172 outpatient encounters open (noncompliant - close ASAP). See attached reports, AdmOpen, for open encounters by provider.

Highest number of open encounters:

BBAA GEN SURG CLNS	35
BALA OP NUTR	25 (SAME AS YESTERDAY'S REPROT)
BGAR RHC	23
BEAA ORTHOPEDICS	12 (SAME AS YESTERDAY'S REPROT)

2. ADM compliance rate for 15 Feb: 95.20% with 240 outpatient encounters open (must be closed by COB).

Highest number of open encounters:

BBAA GEN SURG CLNS	39
BEAA ORTHOPEDICS	21
BBFA ENT	14
BGAR RHC	12

3. Reports are completed for each workday (excluding Saturdays/Sundays/Federal Holidays) for KEPT, S-CALL & WALK-IN appointments -- does not include APVs, APUs, OBSs, T-CONS & IBWAs. IAW MEDCOM/MEDCEN policy one hundred percent (100%) of outpatient encounters (excluding APVs, APUs, OBSs & IBWAs) must be completed within three (3) business days of the encounter.

- **Prepared by Clinical Operations Division**
- **Daily @ 0600**
- **Sent to all Departments**

Close Days Measure

Case Management Acuity Review	BACK
Updated: 5 May 2011@1000	
CLINIC	CASE MANAGEMENT NON-GWOT
I1	(Multiple Items)
MONTH	Apr-11

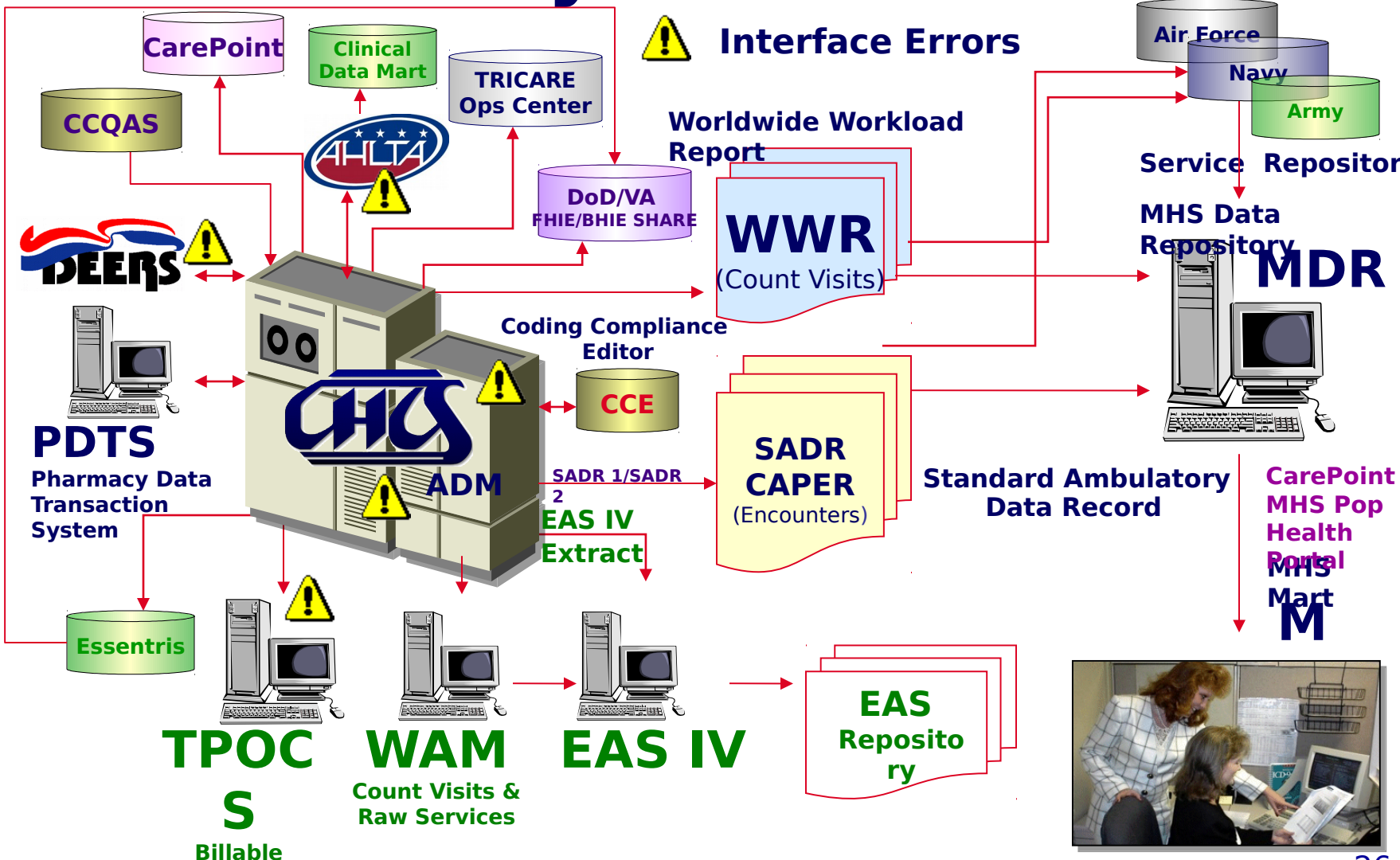
ADM CLOSE DAYS		ADM OPEN DAY										
HCP	STATUS	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	10-11	11-12
B	KEPT	48										
B	KEPT	32	4	4	1	1		1	1			
B	KEPT	19	7	2		7	7	6		1		
C	KEPT	45	6	7								
C	KEPT	9	17	5	8	7	3					
C	KEPT	33	9	6	5	5	1				1	
G	KEPT	25	4	6		2	1		2		4	
H	KEPT	2	12	20	9	8						
H	KEPT	22	7	8	3	4	7	4	5			
K	KEPT	16	2	13	3	8						
M	KEPT	46	7	7	4							
M	KEPT	14	10	2								
M	KEPT	41	7									
N	KEPT	52	12	8	11							
R	KEPT	4	9	4	3	1		3				
R	KEPT	13	1	6		1				1		1
R	KEPT	30	19	9	10	4						
S	KEPT	10	1	1	12	10	3	2				
S	KEPT	45	20	13	1							
S	KEPT	60	1									
TI	KEPT	33	34	5	6							
U J	KEPT	129		1	1				1		1	
W	KEPT	24	9	10	1	1	2	1	1			
W	KEPT	48	8	7	1	1						
Grand Total		**800**	**206**	**144**	**79**	**60**	**24**	**17**	**10**	**2**	**6**	**1**

- **Calculate difference between DATE LAST EDITTED-Date of Service**
- **Completed Encounters must have at least 1 ICD-9 Code**

Interface Error Reports

1. **AHLTA/ADM Write-Back Error Report (AHLTA Server)**
   - Coordinate with your AHLTA System Admin to run the report
   - ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
     - AHLTA encounter not accepted or received by ADM
     - SADR/CAPER not created
     - Encounter not sent to TPOCS, CCE or EAS
     - Impacts 3-Day Coding Compliance
     - Not all AHLTA WB Errors appear on the AHTLA/ADM Write Back Error Report
     - Some Encounters may have multiple Error conditions
2. **ADM Interface Status of ADM Records Report (ADM Report)**
   - CHCS ADM Menu Option Report #5
   - **Errors** – Encounter failed SADR edits – Not sent in SADR or to CCE
3. **ADM SADR Error/Warning Report (ADM Sys Mgr Report)**
   - Errors listed will prevent a SADR from being created
   - Warnings will still be included in the SADR
4. **CCE Detailed Interface Error Report (ADM Sys Mgr Report)**
   - CHCS Menu Option within ADM System Manager Menu Option
   - Report of CCE functional errors
   - ADM not updated to generate updated SADR
   - Billable encounters not available to submit for billing

Data, Data Everywhere…



Write-Back Error Report

ADM Write Back Errors					
Mar-10					
Count of APPT IEN		Years	APPOINTMENT DATE		
		2010			Grand Total
APPT TYPE	EXCEPTION TEXT	Jan	Feb	Mar	
ACUT	At least 1 ICD9 code must be present.			1 24	25
	'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference.			2	2
	'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.			1	1
ACUT Total				1 27	28
ACUT$	At least 1 ICD9 code must be present.			2	2
ACUT$ Total				2	2
EROOM	At least 1 ICD9 code must be present.	1			1
	Test encounter will not be sent into ADM for Write. RILY-144852 TRANSACTION ID=168081656			1	1
EROOM Total		1		1	2
EST	At least 1 ICD9 code must be present.	2		5 199	206
	'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference.			3	3
	'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.			1	1
EST Total		2		5 203	210
EST$	At least 1 ICD9 code must be present.			14	14
EST$ Total				14	14
ROUT	At least 1 ICD9 code must be present.			30	30
	'V68.8' is not a valid value for ICD CODE. the 'ICD9' code reference.			1	1
	'V72.6' is not a valid value for ICD CODE. 'V7 ICD9' code reference.			3	3
ROUT Total				34	34
ROUT$	At least 1 ICD9 code must be pr				1
ROUT$ Total					1
SPEC	At least 1 ICD9 code must be				64
	'V80.0' is not a valid value for				1
SPEC Total					65
WELL	At least 1 ICD9 code must be				2
WELL Total					2
Grand Total					**358**

- **Report run from the AHLTA Local Cache Server**
- **Providers/Staff must update AHLTA Favorites Lists and Personal Templates to the new ICD/CPT Codes**
- **Encounters completed for "BTST" or "QQQ" (Test Patients) are not written back**
- **At least 1 ICD-9 Diagnosis Code must be present**
- **Some encounters may have more than one error condition**
- **Errors resolved in CHCS ADM will still appear on the**

SADR Error/Warning Report

- **Menu Path:**
  - ADM Main Menu
  - #4 Ambulatory Data Collection Manager Menu
  - #6 ADM Data Extract Error Menu
  - #2 ADM SADR Error Report

- Errors listed will prevent a SADR from being created
- Warnings will still be in the SADR

Error/Warning Report

```
                  ADS INTERFACE ERROR/WARNING REPORT 23 Apr 2010@1247
                         17 Apr 2010 - 23 Apr 2010@2400 Page 1
CLINIC   PATIENT              APPT DATE/TIME      PROVIDER
------------------------------------------------------------------------------
EFMP-PEDIATRICS PATIENT NAME      19 Apr 2010@1324 PROVIDER,SSSSSSS
ERR: 209 Appt_status not SADR/CAPER eligible.
EFMP-PEDIATRICS PATIENT NAME      19 Apr 2010@1325 PROVIDER,SSSSSSS
ERR: 209  Appt_status not SADR/CAPER eligible.
OUTPT NUTRITION CLIN PATIENT NAME      20 Apr 2010@1300 PROVIDER,VVVVVV
ERR: 209  Appt_status not SADR/CAPER eligible.
WFM-TEAM INTEGRITY PATIENT NAME   20 Apr 2010@1550 PROVIDER,KKKKKKKK
ERR: 209  Appt_status not SADR/CAPER eligible.
ASAP-JOEL PATIENT NAME            22 Apr 2010@1030 PROVIDER,AAAAAA
ERR: 209  Appt_status not SADR/CAPER eligible.
ASAP-JOEL PATIENT NAME            22 Apr 2010@1030 PROVIDER,DDDDDDDDD
ERR: 209  Appt_status not SADR/CAPER eligible.
```

What Happened ??

- AHLTA User updated the Appt Status to No-Show or Cancel
- A CHCS User changed the status to ADMIN AFTER ADM included the Encounter in the SADR causing a 209 Error.
- Changing the Status to ADMIN AFTER the SADR is processed "breaks" key pointers in CHCS
- CHCS Appointment Audit Trail captured the updates….

```
                        CHCS APPOINTMENT AUDIT
Many of the 209 errors are caused by this:
07 Oct 2009@0830 PSYCHOLOGY-JOEL PROVIDER,DDDDDDD
1 STAFF,CHARLES    10 Sep 2009@1511    PENDING
2 MIDTIER,BRAGG    07 Oct 2009@0954    NO-SHOW
3 STAFF,CHRISTY    08 Oct 2009@0911    ADMIN
-------------------------------------------------------
02 Oct 2009@1500 MEN HLTH /RHC PROVIDER,OOOOOOOO
1 STAFF,TONYA      23 Sep 2009@1133    PENDING
2 MIDTIER,BRAGG    25 Sep 2009@1031    CANCEL
3 STAFF,TONYA      01 Oct 2009@1205    ADMIN
-------------------------------------------------------------
01 Oct 2009@0900 NEUROLOGY CLINIC PROVIDER,LLLLLLLLL
1 STAFF,JAKE B     28 Sep 2009@0845    PENDING
2 MIDTIER,BRAGG    30 Sep 2009@1509    CANCEL
3 STAFF,JAKE1      Oct 2009@0747  ADMIN
```

ADMIN Status – Same Day

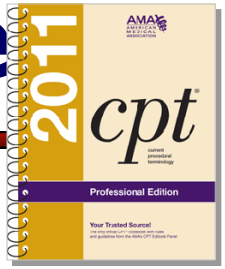
- An Appointment can be set to ADMIN Status, using CHCS End of Day – ONLY if the ADMIN Status is set as of the same day as the Date of Service

```
                        CHCS APPOINTMENT AUDIT
1   USER,CLINIC H       04 Apr 2011@1058     PENDING
2   MIDTIER,BRAGG       06 Apr 2011@1424     NO-SHOW
3  USER,UPDATE VISIT         06 Apr 2011@1912     ADMIN
-------------------------------------------------------------
```

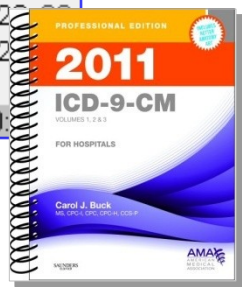
Duplicate Visits

- **Duplicate Visits identified the Same Day as the Date of Service, can be changed using CHCS End of Day to a Visits Status of ADMIN – IF changed on the Same Day**
- **If the Duplicate Visit is identified the next day, the only valid option is to change to MTF Cancel, as changing the Visit Status to ADMIN will result in a ADM Error 209, that cannot be resolved by either MTF Staff or Tier III Support for CHCS.**

Coding Table Update



- **CPT/HCPCS – Updated per Calendar Year**
  - **Effective 1 Jan**
  - MTF updates synchronized for AHLTA, CHCS and CCE
  - CPT/HCPCS automatically sent to TPOCS from CHCS
  - Use CHCS or M2 to identify Obsoleted Codes used - to identify impact and reduce “Obsolete” ICD-9 Code Write-Back errors
  - Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups



- **ICD-9 – Updated per Fiscal Year**
  - **Effective 1 Oct**
  - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS

Use CHCS or M2 to identify obsoleted codes used - to identify impact and reduce “Obsolete” coding AHLTA Write Back errors

CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates

The “99499” Placeholder

- **June 2005:**
  - E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
  - E&M Code was no longer required for NON-COUNT Visits
    - Remember! – IPSR RNDS* are NON-COUNT Visits
  - TPOCS still requires the “99499” Placeholder

Current recommendation:
Continue to enter the “99499” E&M Code Placeholder in ADM

Womack Army Medical Center

Coding/Data Quality Review

REPORT	DESCRIPTION	LINK
Allied & Mental Health Penalty	**Allied & Mental Health Encounters with invalid Coding resulting in PBAM Penalties**	**Allied & Mental Health Penalty Report**
RN Scope of Practice	**RN Encounters with invalid E&M Coding resulting in Overstated RVU and documentation of Independent Practice**	**RN Scope of Practice**
No RVU Value Encounters	**Encounters that will result in Zero RVU** • Screens for Encounters with 99499 or Null E&M Codes and No CPT Codes	**No RVU Value Encounters**
Encounters with Admin Coding	**Clinical Encounters with Administrative Dx Coding** • Screens Provider and RN Encounters with Admin Dx	**V68.89 Review**
Consult Coding	**Encounters with Consult E&M Codes** • Effective 1 Jan 11 – Consult E&M Codes are no longer valid	**Consult Coding**
AHTLA Utilization	**Encounter Summary based on Source System** • Source System is determined based on the first application (CHCS or AHTLA) to complete the encounter	**AHLTA Utilization**
DEM Quick Look	**Encounters with invalid E&M Codes or MSA as HCP Seen** • Weekly update of DEM Quick Look Stats and Errors	**DEM Quick Look**

Back **Use the Internet Back Button to Return to the Main Data Page**

Allied & Mental Health

FY11 AH MH DSWS PENALTY REPORT
As of 9 May @ 0800
Mar-Apr-May Refreshed

EM_CODE	(All)
WORKLOAD	(All)
HCP_SPEC	(All)
SRC_SYS	(All)

Count	Month				
DEPT	Feb-11	Mar-11	Apr-11	May-11	Grand Total
DO&R		5	21	1	27
DOBH		1	12	5	18
DOPM			2		2
DOS	4	2		1	7
DSWS			8	10	18
Grand Total	4	8	43	17	72

Allied & Mental Health Evaluation & Management
Mis-coding results in overstated RVU

Source: CHCS Encounter Detail Query

99499 – No CPT Code

FY-11 DEPT 99499 - NO CPT-1					
As of 9 May @ 0800					
* Excludes T-CONS					
Both 99499 & Null E&M					
Mar-Apr-May Refresh					
Providers					
EM_CODE	(All)				
WORKLOAD	(All)				
HCP_SIG	3				
SRC_SYS	(All)				
Count	Month				
DEPT	Feb-11	Mar-11	Apr	May-11	nd Total
AMH_FAY				1	3
AMH_HM		1			1
CHC	21	31	36	3	91
DO&R	65	73	79		228
DOBH	607	127	108		876
DODH	172	207			
DOM	232	227			
DOPM	386	317			
DOS	66	87			
DSWS	160	233			
JHC	16	18	67	1	102
OB/GYN	201	247	159	27	634
PEDS	200	257	140	31	628
PHC	4	10	18	3	35
RHC	59	46	57	6	168
WFMRC	63	85	77	7	232
Grand Total	2,252	1,966	1,414	255	5,887

Check for BOTH 99499 and Blank E&M for KEPT, WALK-IN & S-Call Visits

Source: CHCS Encounter Detail Query

RN/LPN Mis-Coded

FY-11 RN MIS-CODED
As of 9 May @ 0800
* Excludes T-CONS
Mar-Apr-May Refreshed

EM_CODE	(All)
HCP_SPEC	(All)
TYPE	(Multiple Item

	Month			
DEPT	Mar-11	Apr-11	May-11	Grand Total
AMH_FAY		1		1
AMH_HM		1		1
CHC		3		3
DO&R	1	7	1	9
DODH	28	2		30
DOM	1	6		7
DOS		1	3	4
JHC		3		3
OB/GYN		2	1	3
PEDS		1		1
PHC	18	1		19
RHC		5	2	7
WFMRC	1	2	2	5
WTB	39	39	8	86
Grand Total	88	74	17	179

- **Head RNs and Clinic Administrators notified of RN Mis-Coded Encounters.**
- **Coders, Staff and AHTLA Trainers support Staff Training and Coding Corrections**

Source: CHCS-ADM Encounter Detail Query

Consult E&M Coding

CY-11 CONSULT CODING ERRORS						
As of 9 May @ 0800						
Feb-Mar-Apr Refresh						
Providers						
SRC_SYS	(All)					
HCP_SIG	3					
Count	**Month**					
DEPT	**Jan-11**	**Feb-11**	**Mar-11**	**Apr-11**	**May-11**	**Grand Total**
ASAP		1				1
CHC	12	1		5	5	23
DO&R	188	193	229	187	34	831
DOBH	23	22	7	5		57
DODH		1	2		2	5
DOM	40	2		15	55	112
DOS	197	203	81	113	14	608
DSWS					1	1
INPT/IBWA		1			4	5
NCD	8	9	9	5	3	34
OB/GYN	240	298	387	302	62	1,289
PEDS	1	1				2
PHC	6					6
RHC	7			2	2	11
WFMRC	32	34	20	39	7	132
WTB				2		2
Grand Total	**754**	**766**	**735**	**675**	**189**	**3,119**

- **Effective Jan 2011, Consult E&M Codes are no longer valid**
- **Coders processing Encounter Coding Corrections**

Summary

- Identify one DQ Area to focus on the “Margin of Difference”:
  - Units of Service for Time-Based and Unit-Based Services
  - Consult E&M Codes
  - RN/Tech Scope of Practice
  - Allied and Mental Health Encounter Coding to prevent over-stated RVU
  - Encounters closed with Administrative ICD-9 Dx
  - Encounters closed with a Placeholder “99499” E&M Code and No CPT Coded services
  - Encounter completion compliance

Questions?